

Handout # 5



FLORIDA CDC+ WEEKLY TIMESHEET



Employee: Employee #1 Employee ID Number: P 0 3 # # # Plan Sections: R = Services Section, S = Savings Section, T = Short Term Expenditures

Participant: JOHNNY SAMPLE Participant ID Number: 0 0 1 1 1 1 1

Participant/Representative contact information if APD has questions: Phone #: (xxx)xxx-xxxx Email: Jsampl@aol.com

Year: 2010 From Monday, 11/1 through Sunday, 11/7

Date Worked	Service Code	Enter Plan Section*	Back Up	Time IN					Time OUT					Time IN					Time OUT					Total Hrs. Worked
				H	H	M	M	AM/PM	H	H	M	M	AM/PM	H	H	M	M	AM/PM	H	H	M	M	AM/PM	
11 04	032	R	N	0	7	4	5	AM	0	9	4	5	AM											2.00
11 04	032	R	N	0	3	0	0	PM	0	5	0	0	PM	0	8	0	0	PM	1	0	0	0	PM	4.00
11 05	032	R	N	0	7	4	5	AM	1	0	1	5	PM											2.50
11 05	032	R	N	0	3	0	0	PM	0	5	0	0	PM	0	8	0	0	PM	1	0	0	0	PM	4.00
11 06	032	R	N	0	7	4	5	AM	0	9	4	5	AM											2.00
11 06	032	R	N	0	3	0	0	PM	0	5	0	0	PM	0	8	0	0	PM	1	0	0	0	PM	4.00
11 07	032	R	N	0	7	4	5	AM	1	0	1	5	PM											2.50
11 07	032	R	N	0	3	0	0	PM	0	5	0	0	PM	0	8	0	0	PM	1	0	0	0	PM	4.00

Service Code Totals: # 22 25.00 # # # ALL: 25.00 25.00

This is required information: Live-in Employee: Yes: No:

Employee #1 11/7/10 Josephine Sample 11/8/10

Employee Signature Date Participant/Representative Signature Date

We certify that the above information is true, accurate and complete. (Signatures are required BEFORE submitting for payment.)

NOTE: 1. You must indicate if the employee is a live-in employee. To qualify as a live-in, the employee must live with the participant or stay overnight during the course of providing the service. Live-in employees are not paid time and a half when they work more than 40 hours in a work week. 2. The CDC+ work week is from 12:00 AM (midnight) on Monday through Sunday at 11:59 PM. 3. \*The participant/representative is responsible for entering the Section of the Purchasing Plan in which the employee's services are budgeted. If budgeted in Services, enter R, if budgeted in Savings, enter S; if budgeted in the Short Term Expenditures section, enter T. 4. The participant/representative is responsible for entering a Y or N in the Back Up column to indicate whether or not the employee is working as an Emergency Back Up (EBU) provider based on the approved Purchasing Plan that covers this work week. EBUs are only budgeted in the Services Section.